

IN THE SUPERIOR COURT OF WASHINGTON  
FOR THE COUNTY OF KING

In the Guardianship of:	)	Case No.:
_____	)	
	)	PETITION FOR GUARDIANSHIP OF
An Alleged Incapacitated Person.	)	PERSON AND/OR ESTATE
	)	RCW 11.88.030
_____	)	(PTAPGD)

**I. ALLEGED INCAPACITATED PERSON INFORMATION**

The name, date of birth, address of present residence, length of time at residence, post office address, and social security number of the Alleged Incapacitated Person are:

- A. Name: \_\_\_\_\_
- B. Date of Birth/Age: \_\_\_\_\_
- C. Present Residence: \_\_\_\_\_
- D. Length of Time at Residence: \_\_\_\_\_
- E. Post Office Address: \_\_\_\_\_

**II. NATURE AND DEGREE OF ALLEGED INCAPACITY**

The nature and degree of the alleged incapacity are as follows:

- A. Nature of Alleged Incapacity: \_\_\_\_\_
- B. Degree of Alleged Incapacity: \_\_\_\_\_

### III. DESCRIPTION/VALUES OF PROPERTY

The approximate value and the description of the property owned by the Alleged Incapacitated Person is:

- A. Real Property: \$ \_\_\_\_\_
- B. Stock, Mutual Funds and Bonds: \$ \_\_\_\_\_
- C. Mortgages and Notes: \$ \_\_\_\_\_
- D. Bank Accounts \$ \_\_\_\_\_
- E. Furniture: \$ \_\_\_\_\_
- F. Other Personal Property: \$ \_\_\_\_\_
- Total Approximate Value of Assets is: \$ \_\_\_\_\_

There are periodic compensation, pension, insurance, and allowances as follows:

- A. Social Security Benefits: \$ \_\_\_\_\_ /month
- B. Veterans Benefits \$ \_\_\_\_\_ /month
- C. Washington State Assistance \$ \_\_\_\_\_ /month
- D. Other: \$ \_\_\_\_\_ /month
- Approximate Total Monthly Income: \$ \_\_\_\_\_

### IV. EXISTING OR PENDING GUARDIANSHIPS

There

[ ] is

[ ] is not

an existing or pending Guardianship action for the person and/or the estate of the Alleged Incapacitated Person. If there is an existing or pending Guardianship, set forth the following:

- A. State Where Guardianship/Limited Guardianship Established: \_\_\_\_\_
- B. Name of Guardian/Limited Guardian: \_\_\_\_\_
- C. Date of Appointment: \_\_\_\_\_
- D. Type of Guardianship: \_\_\_\_\_

**V. NOMINEE**

The name, address, telephone number, date of birth, and age of the proposed Guardian and the relationship of the Alleged Incapacitated Person are as follows:

- A. Name of Nominee: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Telephone Number: \_\_\_\_\_
- D. Date of Birth/Age: \_\_\_\_\_
- E. Relationship to Alleged Incapacitated Person: \_\_\_\_\_

**VI. RELATIVES**

The name and addresses, and the nature of the relationship of the persons most closely related by blood or marriage to the Alleged Incapacitated Person are as follows:

- A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- B. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- C. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**VII. CUSTODIAN OF PERSON TO BE ASSISTED**

The name, address, and telephone number of the person or facility having the care and custody of the Alleged Incapacitated Person and the length of time of said care and custody is:

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Telephone: \_\_\_\_\_
- D. Length of Time at Facility: \_\_\_\_\_

**VIII. REASON FOR GUARDIANSHIP:**

A. The reason for petitioning for Guardianship is as follows:

\_\_\_\_\_

B. The interest of the Petitioner in the appointment is as follows:

\_\_\_\_\_

C. Designate whether the appointment is sought as Guardian or Limited Guardian of the Person, the Estate, or both: \_\_\_\_\_

D. Describe any alternative arrangements previously made by the Alleged Incapacitated Person, such as trusts, powers of attorney including any Guardianship nominations contained in a power of attorney, and why a Guardianship is nevertheless necessary.

\_\_\_\_\_

**IX. AREAS OF ASSISTANCE**

A. The nature and degree of the alleged incapacity:

\_\_\_\_\_

B. The following are specific areas of protection and assistance required:

\_\_\_\_\_

C. The duration of Guardianship should be as follows:

\_\_\_\_\_

**X. GUARDIAN AD LITEM**

*Guardian ad Litem to be appointed from registry.*

[    ] A Guardian ad Litem should be appointed from the Court's Registry.

*Guardian ad Litem to be appointed by request of petitioner.*

[    ] A Guardian ad Litem should not be appointed from the Court's Registry because of the following extraordinary circumstances:

\_\_\_\_\_

The name, address, and telephone number of the proposed Guardian ad Litem.

Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

The knowledge of a relationship of the proposed Guardian ad Litem to parties is as follows: \_\_\_\_\_

**XI. BONDS AND FEES**

A. A bond in the amount of \$\_\_\_\_\_ should be  
[ ] established OR [ ] waived  
for the following reasons: \_\_\_\_\_

B. The payment of Guardian ad Litem's fees should be provided as follows:  
\_\_\_\_\_

**XII. SUMMARY**

The Petitioner(s) request(s) the following relief:

- [ ] An Order appointing a Guardian ad Litem for the Alleged Incapacitated Person;
- [ ] An Order waiving the requirement for a filing fee;
- [ ] An Order directing that the Guardian ad Litem's fees in this matter be paid by:  
\_\_\_\_\_

[ ] An Order approving payment, by Petitioner(s), of reasonable attorney's fees and costs incurred in preparation and presentation of this Guardianship Petition; and

[ ] An Order appointing \_\_\_\_\_ as

[ ] Full

[ ] Limited

Guardian(s) of the Person and/or Estate of \_\_\_\_\_ subject

to review in \_\_\_\_\_ months with the bond

[ ] waived

[ ] set in the amount of \$\_\_\_\_\_ .

[ ] Other relief requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

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Signature of Petitioner/Attorney

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Printed Name of Petitioner/Attorney, WSBA/CPG#

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Address

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Telephone/Fax Number

---

City, State, Zip Code

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Email Address